


APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	MEDICAL EXAMINATION TABLE	
Application Type : regular, utility Attorney Docket Number : MIDTF365P2		
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Inventors Information: <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Philip Middle Name: Marc Family Name: Stewart Residence: City of Residence: Greenville State of Residence: OH Country of Residence: US Address-1 of Mailing Address: 5320 Tamarack Trail Address-2 of Mailing Address: City of Mailing Address: Greenville State of Mailing Address: OH Postal Code of Mailing Address: 45331 Country of Mailing Address: US Phone: Fax: E-mail: <u>Inventor 2:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Allen Middle Name: Chris		

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as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.